

POSTER ABSTRACTS



Poster 9: Speech-language pathology in paediatric palliative care: A scoping review of role and practice.

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Background: Attempts have been made within the literature to clarify both the role and scope of speech-language pathologists (SLPs) within the area of palliative care. As SLP literature regarding adult/geriatric populations is gaining traction, it is fitting to investigate the role of SLPs in the management of children during end-of-life care.

Aims: To investigate the role and practice of SLPs in the management of children during end-of-life care.

Methods: An up-to-date scoping review of literature and resources is presented. Arksey and O'Malley's (2005) scoping review method was utilised for searching multiple databases. The first search aimed to locate literature in which SLP intervention in paediatric palliative care is specifically addressed ($n = 658$ sources identified). A second database search used internationally recognised SLP scope of practice areas as a basis to search for literature and resources ($n = 93,442$ sources identified). Results were included in this review if the interventions described fitted within the SLP's scope of practice.

Results: A number of key resources were found that were suitable for review. Themes identified included management of communication, feeding, upper airway and oral health as well as the role of SLPs within a multidisciplinary paediatric palliative care team.

Conclusions: There is acknowledgement that SLPs have a role in paediatric palliative care, however there is very little information identifying SLP involvement in the diagnosis and management of swallowing, cognition/communication, oral hygiene and respiratory issues in this population.

Research Implications: Currently, there are no specific clinical practice guidelines for SLPs working in paediatric palliative care. This review provides background knowledge for further research to explicitly define SLP role and scope of practice within paediatric palliative care so as to assist with the development of clinical practice guidelines.

Practical Implications: Just as SLPs have a place working with paediatric patients at the beginning of their life span (e.g. NICU), likewise the literature confirms that SLPs can contribute in a paediatric palliative care setting—particularly with regard to joint clinical decision-making between the family and multidisciplinary team.

Poster 10: Music therapy & paediatric palliative care: The effect of music therapy on perceived pain and memory making.

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Background: Music therapy is a growing evidence-based modality in various medical and palliative care settings. Despite a paucity of rigorous research in paediatric palliative care, music therapy is frequently recommended as a contributor to integrated palliative and medical care for children with life limiting conditions (LLC). Funding was provided by the State Health Practitioner Research Scheme, Human Research Ethics Committee provided approval.

Aims: To explore the efficacy of music therapy contributing to quality of life by measuring perceived levels of pain (within session), and memory making for children with LLC and their families.

Methods: A mixed methods design including pre-post measures and semi-structured parent interviews.

Results: Immediate effects on participants (within session) of intervention were measured ($n=39$). Analysis demonstrated levels of pain diminished significantly following the intervention according to the FLACC (SD pre 1.6 – post 1.25), and FACES (SD pre 1.7 & post 1) pain rating scales. Participants' heart rate measured by oxi-meter diminished significantly following the intervention. Thematic analysis of interview transcriptions revealed two themes; music therapy has a positive impact on physiological symptoms, and music therapy enhances opportunity to experience joy.

Conclusions: This study provides insight into the potential of music therapy as an appropriate and efficient resource for non-pharmacological symptom management and quality of life in paediatric palliative care.

Research Implications: A larger trial would identify complexities, characteristics and benefits inherent to music therapy. This study provided information regarding the feasibility and limitations of the methodology. Results were sufficient to calculate sample size for a larger trial in order to quantify the physiological effects of music therapy (non-pharmacological symptom support), to deepen the scope and understanding of music therapy professional practice and to generalise findings.

Practical Implications: Further research would increase sustainability and equitable access to music therapy as a non-pharmacological intervention within paediatric palliative care. Results provided the unique opportunity to value-add to current clinical service delivery via direct analysis of patients and families and by validating clinical practice through its findings.